

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Lee Lamar
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)
L. Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

07/07/07

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Steven A. Reeves
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)
L. Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3/07/07

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Bill James
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)
L. Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

07/07/07

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Charles Duggan
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

A. Signature

X L Savage

Agent
 Addressee

B. Received by (Printed Name)
L Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

mcwle7

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Bill Ham, Jr.
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X L Savage

Agent
 Addressee

B. Received by (Printed Name)
L Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

07cwle7

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3059

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X L Savage

Agent
 Addressee

B. Received by (Printed Name)
L Savage

C. Date of Delivery
10-3-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2:07cwle7

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3073

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Larry Langley
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

At Signature

L. Savage
 Agent
 Addressee

B. Received by (Printed Name)

*L. Savage*C. Date of Delivery
*10-3-07*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*3:07cu867*

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 2496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn
c/o Cortez Lawrence
144 Tichenor Avenue, Ste. 1
Auburn, Alabama 36830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

L. Savage
 Agent
 Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

*10-3-07*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*07cu867*

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3080

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154